CHARTI				10 809, 392
Rost Available Conv.				1 007,212
BASIC FEE	NUMBER FILED	1-1-3 (connun 5)	SMALL ENTITY OR	· OTUCO ···
[37 CFR 1.16(a)]	OCHFICED	NUMBER EXTRA	OR OR	OTHER THAN SMALL ENTITI
TOTAL CLAULE	<u> </u>		RATE FEE	Suite CHILL
137 CFR 1.16(c))			357	RATE
(37 CER LIGHT CLAIMS	minus 20 =		1 3 1 00	- FR
(37 CFR 1.16(6))			x s 25 = OR	5
MULTIPLE DEPENDENT			OR OR	x s 50.
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			x s 100 OR	
· If the difference in column 1.			+ s:180	x s 200
If the difference in column 1 is less than zero, enter 10° in column 2.			OR OR	+360
CLAIMS AS ALL			TOTAL	+ 32 00
CLAIMS AS AMENDED - PART II			OR	TOTAL
				TOTAL
	umn 1) (Cc	olumn 21. (Column 3)		
H 2 16 - REM		SHEST COLUMN, J	SMALL ENTITY OR	
Z   1007   AF	TED   NU	MRER. L POCOS		OTHER THAN
Z Total		HOUSLY EXTRA	RATE ADDI.	SMALL ENTITY
(31 CFR (.16(c))	MINUS ! **		TIONAL .	RATE ADD
Total AMEN Total (3) CFR (.16(c))	Minus ··· 2		x s 25 = FEE	TIOHL
A Con-	1 , 2			50 FE
FIRST PRESENTATION OF MULTIPLE DEPENDENT OF				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+s 180= OR X	s 2000
- 1				210
. (Column	. 11		1017	360
CLAIL	(Colum	mn 2) (Column 3)		TAL O'L FEE
REMAIN	ING HIGHE	ST		30,00
REMAIN AFTE AMENOM OF OFFI LIGGI COLOR OFFI LIGGI UT OFFI LIGGI UT OFFI LIGGI	IENT PREVIOU	191 X   CXCC	RATE ASS	
O DI GER LINGI	Minus PAID F	OR	1 ~001- 1	PATE ADDI
(31 CFR (.166))		= .	CCc	TIONAL
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	· Minus ···		x s 25 = 100	FEC
FIRST PRESENTATION OF MULTIPLE DECOM				
COEPENDENT CLAIM (2) CCO				200
			+s10U-	
(Column			TOTAL OR +3	
(Column 1) CLAIMS			ADU'L FEE OR ADD'L	eec .
REMAININ	HIGHEST	F 1		. ned
AFTER AMENOMER	I HUMBER		RATE ADD	
REMAININ AFTER AMENOMEN OF UT OF LISCON		EXTRA	TIONAL RAT	
Z Indépendent	Minus			1 1/4/4/1
Independent (17 OFA 1.16(bill)	Minus		,25	TIONAL FEE
A FIRST PRESCUTATION		=	5 100 OR K 5 20	) .
MOCHINCE DEPENDENT CLANS			1 00 1 20	o l
· If the entry in column 1 is less than			DTAL OR + 30	0
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For IN THIS SPACE is less than 3.  TOTAL  ADD'L FEE  TOTAL  OR + 300  TOTAL  OR ADD'L FEE				
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.  The "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.				

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Ary comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS